

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90109 050 ****50.00

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01102005 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # M99000001758 | | | | | |
| 1. Entity Name W2COM INTERNATIONAL, LLC | | | | | |
| Principal Place of Business 3500 PARK CENTER DRIVE DAYTON, OH 45414 | | | Mailing Address 1720 WINDWARD CONCOURSE STE 250 ALPHARETTA, GA 30005 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 31-1664906 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 103 N. MERIDAN ST TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GROSS, IZHAK 3500 PARK CENTER DRIVE DAYTON, OH 45414 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President / CEO Philippe Szwarc 3500 Park Center Drive Dayton OH 45414 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP of Operations Doug Burnside 3500 Park Center Drive Dayton OH 45414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO Danny Yelin 3500 Park Center Drive Dayton OH 45414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VGMG SCHULTE, BRAD E 3500 PARK CENTER DRIVE DAYTON, OH 45414 | <input checked="" type="checkbox"/> Delete | |
| <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SOWAR, GERARD D 3500 PARK CENTER DRIVE DAYTON, OH 45414 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Brian Kohr *CR* *4/5/05*